

**HUMAN GENOME SCIENCES  
LEGAL DEPARTMENT**

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**FAX COVER SHEET**

DATE: March 5, 2002 TOTAL NUMBER OF PAGES: **12**  
TO: U.S. Patent and Trademark Office  
**Examiner Jagatheesan Seharaseyon (Group Art Unit 1647)**  
FAX #: (703) ~~308-0294~~ **746-5177**  
FROM: Janet M. Martineau  
DIRECT PHONE NO.: **301 315-2723**

RE: **Application Serial No. 09/487,792**  
**For: Keratinocyte Derived Interferon**  
**Inventor: LaFLEUR et al.**  
**Our Ref.: PF482P1**

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

## Complete if Known

Application Number 09/487,792  
 Filing Date January 20, 2000  
 First Named Inventor LaFLEUR et al.  
 Examiner Name Seharaseyon, J.  
 Group Art Unit 1647  
 Attorney Docket Number PF482P1

Total amount of payment

\$0.00

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

- ☒ Charge Any Additional Fee Required Under 37 CFR § 1.16 and 1.17

☐ Applicant claims small entity status See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other\*

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee (\$)		
101 740	201 370			Utility filing fee	
106 330	206 165			Design filing fee	
107 510	207 255			Plant filing fee	
108 740	208 370			Reissue filing fee	
114 100	214 50			Provisional filing fee	

SUBTOTAL (1) \$0.00

### 2 EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20**		\$18.00	
Independent Claims	20**	\$84.00	
Multiple Dependent		\$280.00	

Large Entity	Small Entity	Fee	Fee	Fee	Fee
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
103 18	203 9			Claims in excess of 20	
102 84	202 42			Independent claims in excess of 3	
104 280	204 140			Multiple dependent claim, if not paid	
108 84	208 42			** Reissue independent claims over original patent	
110 18	210 9			** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$0.00

\*\* or number previously paid, if greater. For Reissue, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee (\$)	Fee (\$)		
105 150	205 75			Surcharge - late filing fee (see 37 CFR 1.601)	
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 150	239 75			Non-English specification	
147 2,520	247 1,260			For filing a request for a <i>post</i> examination	
112 920*	212 460			Requesting publication of SIR prior to Examiner action	
113 1,840*	213 920*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 400	216 200			Extension for reply within second month	
117 920	217 460			Extension for reply within third month	
118 1,840	218 920			Extension for reply within fourth month	
128 1,980	228 990			Extension for reply within fifth month	
119 270	219 135			Notice of appeal	
120 320	220 160			Filing a brief in support of an appeal	
121 280	221 140			Request for oral hearing	
138 1,510	238 755			Petition to appoint a public oral hearing	
140 110	240 55			Petition to revive - unintentional	
141 1,280	241 640			Petition to revive - unintentional	
142 1,280	242 640			Unity issue fee (or rebate)	
143 460	243 230			Design issue fee	
144 620	244 310			Plant issue fee	
122 130	222 65			Petitions to the Commissioner	
123 50	223 25			Prosecuting fee under 37 CFR 1.17(a)	
126 180	226 90			Submission of Information Disclosure Statement	
140 740	240 370			Recording each patent assignment per property (limits number of properties)	
149 740	249 370			Filing a submission after final rejection (37 CFR § 1.224(b))	
179 740	279 370			For each additional invention to be examined (37 CFR § 1.120(b))	
169 900	269 450			Request for Continued Examination (RCE)	
145 100	245 50			Request for expedited examination of a design application	
148 110	248 55			Certificate of correction	
148 110	248 55			Summary disclaimer	
501 3	201 1.5			Printed copy of claims, regular service	

Other fee (specify)

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$0.00

Complete (if applicable)

Submitted By	Registration No. 46,903	Telephone No. (301) 315-2723
Name (Print/Type) Janet M. Martineau		
Signature: <i>Janet M. Martineau</i>	Date: March 5, 2002	

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